

Heavy Equipment Operator Certification

Contractor Name:		Document Control No: (DOC-Date-Initials) DOC-
Job Name:		Approx Dates on Site to Complete Work:
Equipment Used on Job		
Equipment Name or ID	Qualified Operators Print names for each operator who will be operating the piece of equipment	Competence Evaluation Method How were the operators determined to be competent? (i.e. hands-on training and supervised observation)

AUTHORIZING SIGNATURES

Operators:

I certify that I am trained and competent in the safe use of the equipment listed above.

Contractor Project Supervisor:

I certify that the operators have been trained, evaluated and determined competent in the safe operation of the equipment listed above.